



**WORKCOVER TRAINING EVALUATION FORM**  
FOR RTOs DELIVERING GENERAL INDUCTION TRAINING IN  
NSW UNDER THE NATIONAL CODE OF PRACTICE FOR  
INDUCTION FOR CONSTRUCTION WORK

CIC-EVA-01

**CONFIDENTIAL**

The information contained in this form is confidential and will be used for training purposes only.

Name: \_\_\_\_\_ (optional)

RTO name: \_\_\_\_\_

Trainer's name: \_\_\_\_\_

Training date: \_\_\_\_\_ Start time: \_\_\_\_\_

**TRAINING**  
**CONTENT AND MATERIALS**

1. Did the training meet your needs?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. What would you like to see included in the training?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Has the training influenced your attitude/perception of workplace OHS?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Which activities or training methods did you find the most effective in conveying the content?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. What aspects were most relevant to you and how will you use them when you return to work?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*making a difference*

## TRAINER'S EFFECTIVENESS

### 6. Please tick the appropriate boxes:

	Excellent	Good	Fair	Poor	Uncertain
Preparation and organisation					
Subject knowledge					
Responsiveness to the participants					
Ability to create a suitable learning environment					

### 7. Your comments about the overall effectiveness of the training:

1. Excellent      2. Good      3. Fair      4. Poor      5. Uncertain

How well did the facilitator convey the information?

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## RESOURCES

### 8. Your comments about the resources used:

	Excellent	Good	Fair	Poor	Uncertain
Quality of visual aids					
Usefulness of handouts					
Effectiveness of practical exercises					

### 9. Your comments on the appropriateness of the assessment tools/strategies used:

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### 10. Your comments on the pace of the course and the level of challenge/difficulty:

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**Please return this form to the trainer or Registered Training Organisation on completion of training.**

Should you have any concerns about the quality or integrity of the training you have received, please contact WorkCover NSW Third Party Management Unit:

Phone: 1800 855 969

Fax: 02 9287 5994

Email: [thirdparty@workcover.nsw.gov.au](mailto:thirdparty@workcover.nsw.gov.au)

Post: Third Party Management Unit, Locked Bag 2906, Lisarow, NSW, 2252